

Step One: Open Your Freedom Bank Account

There are four simple steps in this packet.
We'll take care of them all. Just stop by your preferred Freedom Bank branch with a primary or secondary ID (see examples at right) to verify your identity.

Primary Account Owner

Name: _____ Amount of Initial Deposit: \$ _____

SSN: _____ Type of Deposit: _____

Type of Account: _____

CHECKING CASH

SAVINGS CHECK WIRE TRANSFER

Home Address: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Birth (mm/dd/yy): _____

Patriot Act Verifications

Primary ID – U.S. Government or U.S. State issued ID with a photo

examples:

- UNEXPIRED DRIVER'S LICENSE
- PASSPORT, GREEN CARD
- STATE ID CARD
- U.S. MILITARY ID

If customer does not have a primary ID, any of the following may be used (minimum of 1):

- VEHICLE REGISTRATION
- MEDICARE OR MEDICAID CARD
- W-2 OR FEDERAL TAX RETURN
- STATE/LOCAL TAX RETURN
- BANK STATEMENT (WITHIN 60 DAYS)
- MAJOR CREDIT CARD STATEMENT
- UTILITY BILL

Joint Account Owner

Name: _____ Home Address: _____ Email Address: _____

SSN: _____ Cell Phone: _____ Date of Birth (mm/dd/yy): _____

Type of Account: _____ Work Phone: _____

CHECKING SAVINGS HOME PHONE: _____

Step Two: Payroll Direct Deposit Authorization

Transfer of Payroll TO your account.

Use this form to request the direct deposit of your pay into your Freedom Bank account. You will need to provide any other additional information and authorization your employer needs to initiate the deposit. If you have any questions about this process, contact your employer's payroll department.

Direct Deposit Authorization:

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Freedom Bank, and I authorize and request that Freedom Bank accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement, I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name:

Address:

Checking Account Number:

Social Security Number:

City, State, ZIP:

Routing Number:

083914236

I further understand that this authorization may be terminated by me at any time by written notification to my employer or to Freedom Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable time to act on it.

Account Owner:

Signature:

Date:

Step Two: (continued)

Other Direct Deposit Authorizations

Transfer of Other Direct Deposits **TO** your account.

Use the forms below to transfer any other direct deposits to your new Freedom Bank account. Your original signature is required on each form to authorize the transfer of direct deposits from your current bank.

Transfer of Direct Deposit	Company:	Company Address:	Account Number (with company):								
	Your Name:	Your Address:									
	<p>Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:</p> <p>Freedom Bank 1405 N Main St. P.O. Box 177 Huntingburg, IN 47542</p> <p>If additional information is needed, please contact a customer care representative at 812-683-8998.</p>		<p>Freedom Bank Routing Number:</p> <p>0 8 3 9 1 4 2 3 6</p> <p>My New Account Number:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>								
Signature		Telephone with Area Code									



Transfer of Direct Deposit	Company:	Company Address:	Account Number (with company):								
	Your Name:	Your Address:									
	<p>Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:</p> <p>Freedom Bank 1405 N Main St. P.O. Box 177 Huntingburg, IN 47542</p> <p>If additional information is needed, please contact a customer care representative at 812-683-8998.</p>		<p>Freedom Bank Routing Number:</p> <p>0 8 3 9 1 4 2 3 6</p> <p>My New Account Number:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>								
Signature		Telephone with Area Code									



Step Three: Transfer Your Funds

Use this form to authorize the transfer of your funds and closure of your current accounts.

Customer Information

Account Owner Name:

Joint Owner Name:

Social Security Number:

Social Security Number:

Transfer My Account From

Name of Financial Institution:

Address:

Account Number(s):

Transfer Information

- PLEASE TRANSFER \$ _____.
- PLEASE TRANSFER THE ENTIRE AMOUNT AND CLOSE THE ACCOUNT.
- PLEASE MAKE THIS TRANSFER IMMEDIATELY.
- PLEASE MAKE THIS TRANSFER ON ___ / ___ / ___.
- OTHER: _____

Please Transfer My Funds To:

Freedom Bank
1405 N Main St.
P.O. Box 177
Huntingburg, IN 47542
812-683-8998

I hereby direct you to complete the requested transfer from my existing account to my new account at Freedom Bank. **Please make the check payable to and note on your check that it is for deposit to Freedom Bank, in the following account:**

My New Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer Approval & Authorization

Freedom Bank will not charge you a fee if your current financial institution sends your funds electronically. Ask your current financial institution about the fees they may charge you for sending it to us.

Account Owner's Signature:

Joint Owner's Signature:

Date:

Date:

Step Four: Automatic Payment Transfers

Transfer of Automatic Payments **FROM** your account.

Please complete a form below for each automatic payment you want to transfer from your old account to your new Freedom Bank account. **Your original signature is required on each form to authorize the transfer from your current bank.**

Transfer of Automatic Payment	Payee:	Payee Address:	Account Number (with company):
	Your Name:	Your Address:	
	<p>Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:</p> <p>Freedom Bank 1405 N Main St. P.O. Box 177 Huntingburg, IN 47542</p> <p>If additional information is needed, please contact a customer care representative at 812-683-8998.</p>		<p>Freedom Bank Routing Number: 0 8 3 9 1 4 2 3 6</p> <p>My New Account Number: </p> <p>Signature _____ Telephone with Area Code _____</p>



Transfer of Automatic Payment	Payee:	Payee Address:	Account Number (with company):
	Your Name:	Your Address:	
	<p>Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:</p> <p>Freedom Bank 1405 N Main St. P.O. Box 177 Huntingburg, IN 47542</p> <p>If additional information is needed, please contact a customer care representative at 812-683-8998.</p>		<p>Freedom Bank Routing Number: 0 8 3 9 1 4 2 3 6</p> <p>My New Account Number: </p> <p>Signature _____ Telephone with Area Code _____</p>

